



Brewer Broadcasting Corp.  
 2626 Tingle Road W  
 P O Box 1647  
 Richmond, Indiana 47375

## APPLICATION FOR EMPLOYMENT

Brewer Broadcasting is an equal Employment Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap, or any other legally protected status. All qualified applicants will be given equal opportunity and selection decisions are based solely on job-related factors.

*Use tab or arrow keys to navigate from cell to cell.*

### PERSONAL INFORMATION

Name (Full – Last, First, MI)		What date are you available to begin work?	
Street Address:		City	State
			Zip
Home Phone	Cell Phone	Have you ever filed an application with us before? Yes / No _____ If yes, please give date.	
Have you previously been employed by our company? _____ If yes, when?		Do you have any friends or relatives working here? Yes / No _____ If yes, please list	
Are you legally authorized to work in the United States? _____		Are you at least 18 years of age? Yes / No _____	
Can you provide proof of eligibility to work in the U.S.? _____ <i>(Proof of eligibility will be required before you can be employed)</i>		Can you furnish a work permit? Yes / No / NA _____	
		Do you have a reliable means of transportation for work ?	
Position applied for:		Desired Wages/Salary:	

### Education

High School	Did you graduate?	College	Degree Received Or Expected
City/State		City/State	
College	Degree Received Or Expected	Other Training (describe)	
City/State	G.P.A. Course Major/Field		

Other job-related, educational institutions, licenses, certifications, any specialized training, apprenticeship, skills or any additional information you feel may be helpful to us in considering your application.

**EMPLOYMENT HISTORY - do not leave blanks (List below past employers, starting with the most recent first)**

Present or Last Position	Name of Company		From Mo/Yr	To Mo/Yr
Street Address:		City	State	Zip
Duties:		Reason for Leaving:		
Starting Annual Salary	Final Annual Salary	Bonus	Commission	
Name of Supervisor	Title and Department of Supervisor	Phone # of Supervisor	If currently employed, may we contact your supervisor?	

Next Position	Name of Company		From Mo/Yr	To Mo/Yr
Street Address:		City	State	Zip
Duties:		Reason for Leaving:		
Starting Annual Salary	Final Annual Salary	Bonus	Commission	
Name of Supervisor	Title and Department of Supervisor	Phone # of Supervisor	If currently employed, may we contact your supervisor?	

Next Position	Name of Company		From Mo/Yr	To Mo/Yr
Street Address:		City	State	Zip
Duties:		Reason for Leaving:		
Starting Annual Salary	Final Annual Salary	Bonus	Commission	
Name of Supervisor	Title and Department of Supervisor	Phone # of Supervisor	If currently employed, may we contact your supervisor?	

Next Position	Name of Company		From Mo/Yr	To Mo/Yr
Street Address:		City	State	Zip
Duties:		Reason for Leaving:		
Starting Annual Salary	Final Annual Salary	Bonus	Commission	
Name of Supervisor	Title and Department of Supervisor	Phone # of Supervisor	If currently employed, may we contact your supervisor?	

**References**

List at least three adults who have been in a supervisory role with you. (Do not include relatives.)

Name Phone &/or E-mail How they know you

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**How did you hear of job opening? (Select One)**

<input type="checkbox"/>	Newspaper	Specify	<input type="text"/>	<input type="checkbox"/>	Website	Specify	<input type="text"/>
<input type="checkbox"/>	Employee	Specify	<input type="text"/>	<input type="checkbox"/>	Other	Specify	<input type="text"/>

Are you currently on lay-off and subject to recall?

Have you ever been convicted of a felony or misdemeanor?

If so, please explain below giving date, charge, county & all other detail matter pending. (Conviction will not necessarily disqualify an applicant from employment)

Are you bound by any non-compete agreements with your current or former employer(s)?  If yes, please attach a copy.

Do you have any commitments or other agreements with another employer that might affect your employment with us?

If yes, please explain:

If applying for a position that requires driving on the job, do you have a valid driver's license?

Please describe experiences or special training received in the military or in government service related to the position for which you are applying:

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING  
JOB APPLICANT'S AGREEMENT AND CERTIFICATION**

\* In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without reason, and with or without notice at any time.

\* I understand that this application will be kept on file for one year from the date completed, after which time I would have to reapply in accordance with established company procedures.

\* I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information or significant omissions on either this application or during the pre-employment process will result in my application being rejected, or, may be cause for subsequent dismissal if I am hired.

\* I also understand that any offer of employment is conditioned on pre-employment procedures, which includes a background check, tests and documentation. I will, upon request, sign all necessary consent and authorization and release forms. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I authorize any third party organization to perform a consumer report and background investigation. I also authorize and consent any companies, schools or persons listed on this application (or accompanying resume) to give any information regarding my employment, qualifications and character to (Company). I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

\* I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

\* I understand that I may be required to take a drug test as a part of the application process, as a condition of employment or at any time during employment. I may also be required to take and pass a physical exam if I am selected for employment and before beginning employment.

\* I agree that any claim or lawsuit relating to my service with (Company) must be filed no more than twelve (12) months after the date of the action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

\* I have read and understand the contents of this employment application and am fully able and competent to complete it.

**DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

We are an equal opportunity employer.